Indication	Colorectal cancer
Treatment Intent	Palliative/ Neoadjuvant
Frequency and number of cycles	14 day cycle. Palliative: Continue until disease progression or unacceptable toxicity Neo-adjuvant: 6 cycles
Monitoring parameters pre-treatment	• Monitor FBC, LFTs and U&Es at each cycle • If neuts 1.0-1.4 and/ or Plts 75-100 d/w consultant. If neuts <1.0 or PLT <75 delay one week • Impaired renal and liver function d/w consultant. • Consider dose reduction of oxaliplatin if GFR (C+G) <50ml/min • See below for oxaliplatin induced neuropathy guidance • Dose reduction should be considered if any other grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to ≤ grade 1 • Patients with persistent diarrhoea for ≥ 24hrs should have a FBC and if neutropenic start a broad spectrum antibiotic in line with Trust antibiotic policy **Guidance on the assessment and management of oxaliplatin induced neuropathy (see below table 1)** • Symptoms of sensory or functional neuropathy may include tingling or numbness which may persist to the next pre-chemotherapy assessment. • This guidance is for patients receiving treatment outside the context of a clinical trial. For patients being treated within a clinical trial setting, follow trial protocol (using assessment below as far as possible). • Do not assess oxaliplatin induced neuropathy using CTC toxicity criteria. • Dysaesthesia in the jaw is an unpleasant sensation and/or pain in the jaw. • Laryngopharyngeal spasm is a sensation of difficulty in swallowing / breathing. • Neurology referral should be considered in severe cases of oxaliplatin induced neuropathy. • Dose reductions should be at a 25% level and if there is no improvement or worsening, omit further doses, (i.e. there should be no subsequent dose reductions for neuropathy). Improvement should be seen within one cycle (there should be only one cycle chance for neuropathy to improve).
Reference(s)	KMCC prescribing proforma v1 July 2016

NB For funding information, refer to the SACT funding spreadsheet

Table 1: Assessment and Action table

Normal occurrence / Caution	Symptoms	Action at nurse assessment	Consultant review required / Action by consultant
Normal occurrence with oxaliplatin	Dysaesthesia (tingling in hands and feet) occurring with and up to 72 hours after infusion	No action required.	
	Dysaesthesia in the jaw (during infusion) and cold induced laryngopharyngeal spasm up to 48 hrs after infusion.	Advise patients to avoid cold drinks / cold weather. Consider administering next oxaliplatin infusion over 6 hours (SmPC).	
First caution / warning sign	Tingling persisting beyond 72 hours or painful cold-induced neuropathy	d/w consultant or clinicians authorised to prescribe chemotherapy Close monitoring at each subsequent cycle. Ask the following specific questions at each nursing assessment:	
		1. Is the dysaesthesia (during the infusion) and / or cold induced laryngopharyngeal spasm more severe? 2. Has the tingling continued for longer than during the previous cycle and / or is tingling still present when next cycle is due?	1. If yes, consultant review required. For consideration of DR at next cycle or omission of oxaliplatin. 2. If yes, consultant review required, for consideration of DR at next cycle or omission of oxaliplatin
Serious caution	Numbness in hands or feet Severe excitability channel neuropathy during infusion (very rare) seen as severe pain and numbness on infusion	Must be reviewed by a consultant Must be reviewed by a consultant	Consider DR or omission of oxaliplatin. Repeat consultant review before next cycle Consider adding calcium and magnesium infusion. Consider DR or omission of oxaliplatin. Repeat consultant review before next cycle
Other cautions	A cumulative dose of 700-800mg/m^2 oxaliplatin has been reached	Must be reviewed by a consultant	
	All patients restarting oxaliplatin based chemotherapy after a break in treatment (this may be due to an intervention such as rectal cancer patients having surgery)	Must be reviewed by a consultant to assess for delayed onset neuropathy	

Repeat every 14 days

Day	Drug	Dose	Route	Infusion Duration	Administration Details	
1	Aprepitant	125mg	PO		Take one 125mg capsule **one hour prior to chemo** on Day 1	
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml	
	Dexamethasone	8mg	PO			
	Flush with 5% glucose before and after oxaliplatin administration					
	OXALIPLATIN	**85mg/m²**	IV	2 - 6hrs	250-500ml 5% glucose (to give a concentration between 0.2 mg/ml and 0.70 mg/ml)	**Can be run concurrently**
	CALCIUM FOLINATE (folinic acid)	350mg	IV	2 hrs	Glucose 5% 250ml	
	Atropine	0.25mg	S/C	bolus	if required for acute cholinergic syndrome.	
	IRINOTECAN	**165mg/m²**	IV	60- 90 min	Sodium chloride 0.9% 250ml	
1-2	**5-FLUOROURACIL**	**3200mg/m²/over 48 hrs**	IV	**48 hr pump**	continuous infusion	
TTO	Drug	Dose	Route	Directions		
Day 1	Loperamide	2mg	PO	take 2 after first loose stool then one every 2 hrs for at least 12 hrs or until 12 hrs after last loose stool (max. 48 hrs)		
	Dioralyte Sachets	1 sachet	PO	after each loose motion		
	Dexamethasone	6mg	PO	OM for 3 days		
	Metoclopramide	10mg	PO	up to 3 times a day for 3 days, then 10mg up to 3 times a day as required. Do not take for more than 5 consecutive days		
	Aprepitant	80mg	PO	Take one 80mg capsule each morning on day 2 and day 3 only		